PROOF 1	Job No. <mark>8</mark>	4687	Front Colors	Back Colors	Roll Direction	Proof A	Approved 📃 Re-	-proof required
	Date 04/05/2021		Yellow 123	-				
Customer True North	Rep AH	Art JW	Blue 541					
Description ACC37 Dental Treatment + Tax Ir	nvoice		Black			Date Approved Please return this proof ASA	Approved By AP. Every care is taken to avoid errors.	Signature
Stock White CB	Size (mm) 225 x 297					separations, measurement purchaser, the Company of	the basis that the client will thoroughly its, special features and technical spe will not be liable for any errors.	cifications. Once approved by the
Part No. 1	Numbered	Yes - 6 d	igits Prefix J	Page 1/3		any binding formal contract	necking only and does not show the qualit is entered into between the Company and rual property rights in the work is and remain	I the Client agreeing to the contrary, all

	Dental ta This form should be com	ax invoid		reatment provid	ed to patients who hav	ve been injured in	966				
	an accident. J123456										
	ACC _{42/45} number or claim number: Section 1 – Vendor details Business or vendor name: Address:										
	GST number:				○ Not GST re	egistered					
	Date of invoice:	DD MM	YYYYY			ACC vendor ID:					
	Section 2 – Client de	taile		_							
	New accident? Subm		y O Conti	nuing care of a	n old injury?						
	First names:										
	Last name:										
	Home address: Required if continuing care	Street	Street								
		Suburb			City + Postco						
	Date of birth:	DD MM	YYYY	_	Da	te of accident:	YYY				
	Section 3 – Service details										
	Tooth number/ jaw/prosthesis	Service date	Service code		ACC regulated amount (incl. GST)	For ACC use					
		/ /			- -						
		/ /		2	-						
				2							
					-						
		/ /									
	Note: every service is to		o that abateme	2	- -						
	Note: every service is to be calculated.		o that abateme	2	·						
			o that abateme	2	- -						
	be calculated. Special comments:	be listed separately		ent may	- -	umber: (if known)					
	be calculated. Special comments: Section 4 – Respons The information recorded	ibilities and declara	tion ed by ACC to pay	ent may	CC purchase order no (i) for the purpose	of restoring the client's health to the	rmaximum				
	be calculated. Special comments: Section 4 – Respons The information recorded service(s) you have provid and rehabilitation require	ibilities and declarated on this form will be use	tion sed by ACC to pay d to analyse the t	ent may	CC purchase order no (i) for the purpose extent practical (ii) necessary and a	of restoring the client's health to the					
	be calculated. Special comments: Section 4 – Respons The information recorded service(s) you have provid and rehabilitation require I declare that: 1. I am the dental practi	ibilities and declara d on this form will be use ements of clients and to itioner who carried out	t ion sed by ACC to pay d to analyse the to detect fraud.	ent may set	CC purchase order no (i) for the purpose extent practical (ii) necessary and a purpose. (iii) is required to tra	of restoring the client's health to the ele, and ppropriate, and of the quality requir eat the injury-related condition only.	ed, for that				
	be calculated. Special comments: Section 4 – Respons The information recorded service(s) you have provid and rehabilitation require I declare that:	ibilities and declara d on this form will be use ements of clients and t itioner who carried out e.	tion sed by ACC to pay d to analyse the t o detect fraud. the particular cli	An may set of the set	CC purchase order no (i) for the purpose extent practical (ii) necessary and a purpose. (iii) is required to tro 3. The information sho	of restoring the client's health to the ole, and ppropriate, and of the quality requir eat the injury-related condition only. own on this form is true and correct a misleading information about the t	ed, for that and I am aware				
	be calculated. Special comments: Section 4 – Respons The information recorded service(s) you have provid and rehabilitation required I declare that: 1. I am the dental practific service(s) listed above 2. This treatment is for a	ibilities and declara d on this form will be use ements of clients and t itioner who carried out e.	tion sed by ACC to pay d to analyse the t o detect fraud. the particular cli	An may set of the set	CC purchase order no (i) for the purpose extent practical (ii) necessary and a purpose. (iii) is required to tra 3. The information sho that if I give false of	of restoring the client's health to the ole, and ppropriate, and of the quality requir eat the injury-related condition only. own on this form is true and correct a misleading information about the t	ed, for that and I am aware				

225 mm

PROOF 1	Job No. 8	84687	Front Colors	Back Colors	Roll Direction	Proof A	pproved 📃 Re	-proof required
	Date 04/05/2021		Black	-				
Customer True North	Rep AH	Art J₩						
Description ACC37 Dental Treatment + Tax Ir	voice					Date Approved	Approved By	Signature
Stock White CF	Size (mm)	225 x 297	1			Please return this proof ASAP. Every care is taken to avoid errors. This proof is supplied on the basis that the client will thoroughly check for grammar, spelling, o separations, measurements, special features and technical specifications. Once approved b purchaser, the Company will not be liable for any errors.		
Part No. 2	Numbered	Yes - 6 d	igits Prefix J	Page 2/3		any binding formal contract is	cking only and does not show the quali entered into between the Company and al property rights in the work is and rem	the Client agreeing to the contrary, all

ACC 37	Dental tax invoice									
	This form should be completed to request payment for dental treatment provided to patients who have been injured in									
	ACC42/45 number or claim number: J123456									
Section 1 – Vendor details										
	Business or vendor name:									
	Address:									
	GST number: O Not GST registered									
	Date of invoice: DD MM YYYY ACC ve	endor ID:								
	Section 2 – Client details O New accident? Submit ACC42 if not done already O Continuing care of an old injury?									
	First names:									
	Last name:									
	Home address: Street Required if continuing care									
	Suburb City + Postcode									
	Date of birth: DD MM YYYY Date of accident:									
	Section 3 – Service details									
	Tooth number/ Service ACC regulated jaw/prosthesis Service date code Quantity amount (incl. GST) For ACC use	se								
	/// \$. /// \$.									
	Note: every service is to be listed separately so that abatement may $\$$. be calculated.									
	Special comments:									
	ACC purchase order number: (if known)									
	Section 4 – Responsibilities and declaration The information recorded on this form will be used by ACC to pay you for (i) for the purpose of restoring the	client's health to the maximum								
	service(s) you have provided. It may also be used to analyse the treatment extent practicable, and and rehabilitation requirements of clients and to detect fraud. (ii) necessary and appropriate, and	l of the quality required, for that								
	I declare that: purpose. 1. I am the dental practitioner who carried out the particular clinical (iii) is required to treat the injury-re	lated condition only.								
	service(s) listed above. 3. The information shown on this form is true and correct and I am aware that if I give false or misleading information about the treatment and									
	cover and is: the claim, I may be prosecuted.									
	Provider's name: ACC pro-	vvider 1D:								
	Signature:	DD MM YYYY								

225 mm

PROOF 1	Job No. 84687-1	Front Colors	Back Colors	Roll Direction	Proof A	Proof Approved F
PROOFI	Date 04/05/2021	Black	-			
customer True North	Rep AH Art JW					
Description ACC37 Dental Treatment + Tax I	nvoice - Reorder Form				Date Approved Please return this proof ASAP	Date Approved Approved By Please return this proof ASAP. Every care is taken to avoid errors
Stock White Offset	Size (mm) 210 x 297				separations, measurements	This proof is supplied on the basis that the client will thoroug separations, measurements, special features and technical purchaser, the Company will not be liable for any errors.
Part No	Numbered -		Page 3/3		any binding formal contract is	This proof is intended for checking only and does not show the any binding formal contract is entered into between the Company copyright and other intellectual property rights in the work is and

Dental tax invoice

This form should be completed to request payment for dental treatment provided to a patient who has been injured in an accident.

Please call 0800 222 070 if you are not sure whether a claim has been covered by ACC.

Reorder

To reorder please visit us at www.ecos.co.nz

Or

ACC 37

Contact us on 0800 802 444 (please note that there is an additional cost for using this service for ordering).

Contact us

Help Desk: 8am – 5pm Mon – Fri 0800 802 444

Ordering outside the above hours, visit us at www.ecos.co.nz, contact us on 0800 802 444 (leave a message and one of our friendly team will get back to you as soon as possible the next day).

Need help?

Call us on 0800 802 444. If outside of hours, leave a message and one of our friendly team will get back to you as soon as possible the next day).

all

